IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s)

NAKAGAWA, Susumu

Serial No.

09/894,628

For

CONTENT CONTROL METHOD, CONTENT

CONTROL DEVICE AND PROGRAM STORAGE MEDIUM FOR STORING CONTENT CONTROL PROGRAM TO CONTROL THE CONTENTS

Filed

June 28, 2001

Examiner

Le, Nancy Loan T.

Art Unit

3621

Confirmation No.

6151

745 Fifth Avenue New York, NY 10151

CERTIFICATE OF ELECTRONIC FILING

I hereby certify that this correspondence is being transmitted via Electronic Filing Services on October 14, 2009.

Patricia A. Dubyne

(Name of person signing transmittal)

Signature

October 14, 2009

Date of Signature

NOTICE OF APPEAL UNDER 37 C.F.R. §1.191 FROM THE PRIMARY EXAMINER TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Mail Stop AF Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the Examiner's Decision, in the Final Office Action dated April 14, 2009, finally rejecting Claims 1-3, 6, 7, 9 and 10.

A response to the Final Office Action mailed April 14, 2009 was filed in the Patent Office on June 11, 2009. We have not yet received an Advisory Action from the Examiner concerning this application.

Applicant contends that only a one-month extension-of-time fee is due because

Applicants filed their reply "within 2 months of the date of the final Office action, the shortened statutory period will expire at 3 months from the date of the final rejection or on the date the advisory action is mailed, whichever is later." MPEP 706.07(f).

The item(s) checked below are appropriate:

- (1) [X] This is a petition to request a one month extension of time. Submitted herewith is an electronic payment in the amount of \$130.00 to cover the cost of this petition.
- (2) [X] Notice of Appeal Fee Under 37 C.F.R. §1.17(b). Submitted herewith is an electronic payment in the amount of \$540.00.
 - [] Not required (Fee paid in prior appeal)
- (3) [X] Please charge any additional fees incurred by reason of this response or credit any overpayment to Deposit Account No. 50-0320.
- (4) [] An Oral Hearing is requested.

Respectfully submitted,

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By:

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